

REQUEST FOR AN ADEQUATE PROPORTION WAIVER

_____ hereby requests a waiver of the requirement to
(Area Agency on Aging)

expend an adequate proportion of Title III-B funds as set in the State Plan on Aging for:

1. Identify the Priority Service Category and respective percentage to be budgeted and expended:

☐ a. Access Services (minimum 16%) _____ Percentage

☐ b. In-Home Services (minimum 8%) _____ Percentage

☐ c. Legal Services (minimum 4%) _____ Percentage

2. Describe the rationale that services furnished for the priority services category(ies) in the planning and service area are sufficient to meet the need for the services in the area:

Signature and Title of Authorized Official

Date